

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 11/29/2017 12:05 PM EST

Confirmation Number: 3130

Amended Confirmation Number:

Employer Information

Name: Guiding Eyes for the Blind, Inc.

Address: 611 Granite Springs Road

City: Yorktown Heights State: NY Zip Code: 10598

Plan Administrator Information

Name: Sandra Andreades / Guiding Eyes for the Blind, Inc.

Address: 611 Granite Springs Road

City: Yorktown Heights State: NY Zip Code: 10598

Phone:

Email: sandreades@guidingeyes.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1

Plan Name:

Number of  
Employees: 6

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 3130. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.